E(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

DEC 1 6 2005 (571) 273-2885 or Fax INSTRUCTIONS his form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for many reconstructions. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 21186 7590 09/15/2005 SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 2938 MINNEAPOLIS, MN 55402-0938 12/16/2005 SFELEKE2 00000136 10010845 My.a D. Schild 1400.00 OP 01 FC:1501 300.00 OP (Signature 02 FC:1504 3.00 OP 03 FC:8001 (Date APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/010,845 11/13/2001 Allan T. Koshiol 279.196US2 8510 TITLE OF INVENTION: CHANGE LOG FOR IMPLANTABLE MEDICAL DEVICE APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 \$1700 12/15/2005 nonprovisional EXAMINER CLASS-SUBCLASS ART UNIT 3762 **EVANISKO, GEORGE ROBERT** 607-027000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Schwegman, Lundberg, (1) the names of up to 3 registered patent attorneys $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Woessner & Kluth, P.A. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CARDIAC PACEMAKERS, INC. SAINT PAUL, MINNESOTA Please check the appropriate assignce category or categories (will not be printed on the patent): 🗖 Individual 🕱 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19, 0743 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Typed or printed name

Timothy B. Clise 40,957

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Allan T. Koshiol et al.

Title: CHANGE LOG FOR IMPLANTABLE MEDICAL DEVICE

Docket No.: 279.196US2

Filed: November 13, 2001

Examiner: George Robert Evanisko

Customer No.: 21186

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Serial No.: 10/010,845

Due Date: December 15, 2005

Group Art Unit: 3762

Confirmation No.: 8510

Notice of Allowance Date:

September 15, 2005

We are transmitting herewith the attached:

X A check in the amount of \$1400.00 to cover the Large Entity Issue Fee Payment.

 \underline{X} A check in the amount of \$3.00 to cover the Extra Patent Copies Fee (1 copy).

X Issue Fee Transmittal (Form PTOL-85).

X A check in the amount of \$300.00 to cover the Publication Fee Payment.

X A return postcard.

Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

Timothy Belise

Reg. Mo. 40,957 TBC:CMG:mds

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Attn – MAIL STOP ISSUE FEE, P.O. Box 1450, Alexandria, VA 22313-1450, on this 13 day of December, 2005.

MUL Schil

Name